



Kelz

#140-2410 Dewdney Avenue, Regina, SK S4R 1H6
Phone: 306.352.KELZ (5359) Fax: 306.359.MEDZ (6339)
E-Mail: info@kelz.ca Website: www.kelz.ca

RELEASE FORM FOR MEDICAL PRACTITIONERS

I, _____, (print name of applicant) agree not to make any claim or complaint or commence any proceedings against

Dr(s). _____

(Print name of Physician signing the Medical Declaration and, in the case of a category 2 symptom, name of Physician acting as Specialist) in relation to the application process with the Kelz or my use of marijuana.

I release Dr(s). _____

(Print name of Physician signing the Medical Declaration and, in the case of a category 2 symptom, name of Physician acting as Specialist) from any and all actions, causes of actions, claims, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of my application with Kelz for my use of marijuana. This release from liability is to be binding on my Heirs, Executors and Assigns.

Print Applicant Name: _____

DATE: _____ SIGNATURE: _____

Print Witness Name: _____

DATE: _____ SIGNATURE: _____